



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
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Charles M. Palmer
Director

3/7/2014

April Cardenas
1319 Sun Down Ridge
Iowa City IA 52246

Dear April,

It was a pleasure to again meet with you and to review Child Development Home Registration rules. You have a little to work on but it is all doable. My job is to help you come into compliance so if you have any questions while working on things, please feel free to call me or e-mail me.

Please find your copy of the, Checklist for Child Development Home Registration. I will be referring to the Child Development Home Registration Guidelines (Comm. 143) in this letter. You should receive the site to locate a copy of these at every application/renewal or a post card to return to Des Moines if you prefer to have them mailed to you. If you need an additional copy please call the Des Moines office 1-866-448-4605 or e-mail a request at crsacca@dhs.state.ia.us and they will send one to you. I will refer to these as, guidelines, for the rest of this letter. There are some sample forms in the last section of the guidelines, which were created to document the items needed for compliance. Feel free to use these forms for your programming. There are two typos on page 28 of some printed copies. The line that states "Total children under school age, including those under 24 months" should read 6 for both a level A and B. The guidelines are also on line. You may go to the following site to locate them on line: http://www.dhs.state.ia.us/policyanalysis/PolicyManualPages/Manual_Documents/Master/comm143.pdf

This letter is in regards to the compliance check of your Level B, Registered Child Development Home completed on 3/5/14. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 237A.3A(3d): Location is a single-family residence that is owned, rented, or leased by the person/program who is registered. May be an apartment, condo, townhouse, or other individual unit within a multiple unit residential dwelling. May NOT be a commercial or industrial building that is primarily used for purposes other than a residence.

☐ 110.4 No more children are in care than the rules for the specific category will allow.

As a Level A B C you are limited to children in care at a time. You had ____ of children in your care upon my visit you had ____ number of children enrolled for the same time period.

☐ 110.5(1) Conditions in the home are safe, sanitary, and free of hazards.

☐ 110.5(1)a Has a non-pay working telephone. A cell phone cannot be the primary phone.

☐ 110.5(1)a Numbers for police, fire, ambulance, poison information posted by phone.

☐ 110.5(1)a Numbers for each child's parent, physician, and a responsible person are accessible by the phone.

☐ 110.5(1)b All medicines and poisonous, toxic, or otherwise unsafe materials are secured from access by a child.

You had medications, poisonous, toxic or otherwise unsafe materials within access of children. These need to be in a location with secured access from children.

☐ 110.5(1)c First-Aid supplies are available and easily accessible in the home, outdoor play area, any vehicle used to transport children, and on field trips.

☐ 110.5(1)c The first-aid kit is sufficient to address first aid related to minor injury or trauma and stored in an area not accessible to children.

The guidebook on page 50 addresses the items that should be in your first aid kits.

☐ 110.5(1)d Medicines are given only with written authorization from the doctor or parent.

☐ 110.5(1)d Prescribed medicines are accompanied by doctors' or pharmacist's direction.

☐ 110.5(1)d All medicines are in original containers with directions intact and labeled with child's name.

☐ 110.5(1)d Medicines are stored properly including refrigeration in a separate covered container.

☐ 110.5(1)d Medicines are inaccessible to children.

☐ 110.5(1)e Electrical wiring shall be maintained.

☐ 110.5(1)e All accessible electrical outlets are safely capped.

☐ 110.5(1)e All electrical cords are properly used. This means not found under rugs, over hooks, through door openings, etc.

☐ 110.5(1)f Combustible materials are kept away from furnaces, stoves, gas dryers, or water heaters.

☐ 110.5(1)g Safety barriers are at stairways and doors as needed.

Needed for all steps, (both top and bottom if children are on both levels) if you are caring for children under age 3 or children who have an unstable gate

☐ 110.5(1)h A safe outdoor play area is maintained in good condition throughout the year.

Need an approved soft landing for under all equipment 18 inches or taller that is at a minimum of 9 inches. Gave the Outdoor Home Playground Safety Handbook. Please include what your plan is to meet this rule. Examples are remove equipment; develop a specific plan to not allow children on equipment until a soft landing is established.

☐ 110.5(1)h Is fenced off when located on a busy thoroughfare or near a hazard.

☐ 110.5(1)h Has both sunshine and shade areas.

- ☐ 110.5(1)h Is kept free from litter, rubbish and flammable materials.
- ☐ 110.5(1) Is free from contamination by drainage or ponding of sewage, household waste, or storm water.
- ☐ 110.5(1)i An annual laboratory analysis shows satisfactory bacteriological quality if a private water supply is used. Nitrate analysis when children under 2.
- ☐ 110.5(1)i If water is determined unsuitable for drinking, commercially bottled water or water treated and approved by the health department is provided.
- ☐ 110.5(1)j Emergency and disaster plans for fire and tornado are written and posted by primary and secondary exits.
- ☐ 110.5(1)j The plans shall clearly map building evacuation routes in case of fire, a safe place indoors in case of tornado, and flood shelter areas.
- ☐ 110.5(1)k Fire and tornado drills are practiced monthly and documentation kept.
- ☐ 110.5(1)l A safety barrier surrounds any heating stove or heating element.
- ☐ 110.5(1)m Has not less than one 2A 10BC rated fire extinguisher in a visible and readily accessible place on each child-occupied floor.
- ☐ 110.5(1)n Has a minimum of one single-station, battery-operated, UL-approved smoke detector in each child-occupied room and at the top of every stairway.

Need one in the following room:

- ☐ 110.5(1)n Each smoke detector has been installed according to manufacturer's recommendations.
- ☐ 110.5(1)n Each smoke detector is tested monthly, and a record is kept for inspection purposes.
- ☐ 110.5(1)o Smoking and the use of tobacco products is prohibited at all times in the home and vehicles used to transport children. Smoking and use of tobacco products prohibited in outdoor play area during hours of operation.
- ☐ 110.5(1)o Nonsmoking signs posted at every entrance of the home and in every vehicle used to transport children. Signs include telephone # for reporting complaints, and www.iowasmokefreeair.gov.
- ☐ 110.5(1)p Children under the age of one year are placed on their backs for sleeping unless otherwise authorized in writing by a physician.

Item "p" addresses the need to place a child under the age of 1 on their back when you lay them down to nap. If they roll over you do not have to reposition them but they must start on their back. This also means if they fall asleep in a swing or car seat they should be removed and placed on their back for their sleep time. They also should not have items in the bed with them. The only way you can not start a child on their back sleeping is if there is a doctor order.

- ☐ 110.5(1)q Providers inform parents of the presence of any pet in the child development home.
- ☐ 110.5(1)q All dogs and cats have annual examinations. Records of the exams are on file and must verify that routine immunizations are current and animal is free of endo and ecto parasites.
- ☐ 110.5(1)q Pet birds are purchased from an approved dealer. Examined by a veterinarian to verify free of infectious diseases. Children are not allowed to handle pet birds.
- ☐ 110.5(1)q Aquariums are well maintained and installed so that children cannot get in the water or pull over the tank.
- ☐ 110.5(1)q All animal waste is immediately removed from the children's areas and properly disposed of.
- ☐ 110.5(1)q No animals are allowed in food preparation, storage or serving areas during food preparation and serving times.
- ☐ 110.5(1)q Children shall not perform any feeding or care of pets or cleanup of pet waste.
- ☐ 110.5(1)r If not fenced, both in and aboveground pools must have a cover that meets or exceeds ASTM standards when not in use.
Gave the booklet; Safety Barrier Guidelines for Home Pools.
- ☐ 110.5(1)r Fence for in-ground pool is flush with ground and at least four feet high.
- ☐ 110.5(1)r Fence for aboveground pool is four feet above sidewalls of pool. Height of pool walls not included in measurement.
- ☐ 110.5(1)r Wading pools are drained daily and are inaccessible to children when not in use.
- ☐ 110.5(1)s If children use above ground or in-ground swimming pools:
- ☐ 110.5(1)s Written permission from the parents is on file.
- ☐ 110.5(1)s Equipment needed to rescue a child or adult is accessible.
- ☐ 110.5(1)s The provider accompanies and provides constant supervision while the children use the pool.
- ☐ 110.5(1)s The provider has completed training in CPR for infants, toddlers, and children. Documentation of current certification is on file.
- ☐ 110.5(1)t Within 12 months of registration or renewal of registration, private sewer or wastewater has been tested for efficient functioning and improper leakage.
- ☐ 110.5(1)u The provider has written policies about caring for mildly ill children and the exclusion of children due to illness, and informs parents of policies.

Items “u and v” address the need to have written policy on children who are mildly ill and how you would respond to health related emergencies. Please develop those policies to share with your families. You can see samples of this in the guidebook on page, 54 for children who are mildly ill and page 53 for health related emergency policies. You should prepare something similar to these to address the rules/policies of your program. Many providers use what the local school uses for ill policies. That makes it easy on both you and the parents because they know those rules usually.

☐ 110.5(1)v The provider has written policies about responding to health-related emergencies.

Health Related Emergency Policy ----Sample

In the event of a minor health related emergency (ie: bloody nose, scraped knee, minor cut) I will use my first aid CPR training as needed. I will complete an injury report form and give to the parent at time of pick up along with calling or texting the parent after the child’s needs have been dealt with.

In the event of a health related emergency that exceeds my ability, I will call the parent/guardian/ or (emergency contact person if the parent can not be reached) for further directions.

In the event of a life threatening health emergency I will call 911 and call the parent as soon as possible. If the child is required to be transported for medical attention they will go via ambulance unless the parent /guardian/ emergency contact has arrived and can make the determination for transportation. I will stay with the other children in care.

The above policy illustrates why I must maintain accurate information on all phone numbers and addresses for parents, guardians, and emergency contact persons along with medical providers for your child. Please ensure that is accurate at all times.

I maintain a valid CPR and First aid certificate along with a first aid kit to meet the needs for minor injuries.

I will complete an injury report form and send a copy home with the family and retain one for the child’s file if first aid is applied due to an injury.

☐ 110.5(1)w Injury report forms are maintained for any injury requiring first aid or medical care. The forms are completed on the date of occurrence, shared with parents and copies are in the child’s file.

☐ 110.5(1)x For homes built prior to 1960, provider must complete visual assessment for lead hazards and apply necessary interim controls prior to registration and each renewal

☐ 110.5(2) A provider file is maintained and contains:

☐ 110.5(2)a A physician’s signed **statement of health and immunization status** on the provider and all members of the household who may be present when children are in the home. Statements must be obtained at the time of initial registration and updated every three years.

☐ 110.5(2)b Certificates or training verification documentation for:

☐ 110.5(2)b Within the first three months of registration:

☐ 110.5(2)b Two hours of approved child abuse and neglect mandatory reporter training (and every 5 years thereafter.)

I am including the web site to obtain the mandatory reporter training for free. This web site is sponsored by the Iowa Department of Public Health. If there are any problems with using it or obtaining a certificate you will need to call the number on the web site as I have no control over it. Many providers have told me using this site is easy, although some have had difficulties. I am not sure why there is a difference.

WHO: This training is designed for child care providers

WHAT: **Mandatory Child Abuse Reporter Training for Child Care Providers**

WHERE: On-Line, start at this link <http://dhs.training-source.org> You must register by entering your provider number

WHEN: Any time day or night, this is a self-study course. Your certificate will be made available for you to print upon successful completion of the course. I believe it takes 2 – 3 weeks to obtain the link to print the certificate after you successfully complete the course.

☐ 110.5(2)b Certification by an approved trainer/organization in infant and child first-aid that includes mouth-to-mouth resuscitation. Certification will be maintained throughout period of registration. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.

For assistance in finding training call CCRR at 866-324-3236 x 1410

Most hospitals and fire departments also offer this training. You may call them directly to find a training session. In addition the American Heart Association and Red Cross also offer this training.

☐ 110.5(2)b During the first year of registration – 12 hours of approved training. At least six hours shall be in a group setting. Two of the twelve hours must be health and safety training. A specific training shall not be used to meet requirements more than one time every five years.

☐ 110.5(2)b During the second year of registration and each succeeding year, twelve hours of approved training. At least six hours shall be in a group setting. If the provider has documentation of completing the ChildNet, PITC, or Beyond Business Basics series, these hours may be used to fulfill two year's training requirements, not including first aid/CPR and mandatory reporter training. A specific training shall not be used to meet requirements more than one time every five years.

☐ 110.5(2)c An individual file is maintained for each staff assistant and contains:

☐ 110.5(2)c A completed DHS Criminal History Record Check, form B, 595-1396

☐ 110.5(2)c A completed Request for Child Abuse Information, form 470-0643

☐ 110.5(2)c A physician's signed statement of health and immunization status at the time of employment and at least every two years thereafter.

☐ 110.5(2)c Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.

- ☐ 110.5(2)d An individual file is maintained for each substitute and contains:
- ☐ 110.5(2)d A completed DHS Criminal History Record Check, form B, 595-1396.
- ☐ 110.5(2)d A completed Request for Child Abuse Information, form 470-0643
- ☐ 110.5(2)d A physician's signed statement of health of at the time of employment and at least every two years thereafter.
- ☐ 110.5(2)d Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.
- ☐ 110.5(2)d Certification in infant and child first aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.

For assistance in finding training call CCRR at 866-324-3236 x 1410

Most hospitals and fire departments also offer this training. You may call them directly to find a training session. In addition the American Heart Association and Red Cross also offer this training.

- ☐ 110.5(3) Activity Program.
- ☐ 110.5(3) There is an activity program and it promotes self-esteem and exploration.
- ☐ 110.5(3)a Includes active play.
- ☐ 110.5(3)b Includes quiet play.
- ☐ 110.5(3)c Includes activities for large muscle development, such as running, climbing, riding toys, etc.
- ☐ 110.5(3)d Includes activities for small muscle development, such as coloring, puzzles, finger plays, play dough, etc.
- ☐ 110.5(3)e All play equipment and materials are in a safe condition, for both indoor and outdoor activities.
- ☐ 110.5(3)e All activities are developmentally appropriate for the ages of the children present.
- ☐ 110.5(3)e All equipment and materials are adequate for the number of children present
- ☐ 110.5(4) The certificate of registration is displayed in a conspicuous place.
- ☐ 110.5(5) Parents are afforded unlimited access to their children and to the providers caring for the children whenever their children are present, unless parental contact is prohibited.
- ☐ 110.5(6) Discipline

- ☐ 110.5(6)a Corporal punishment including spanking, shaking and slapping is not used.
- ☐ 110.5(6)b No punishment is used which is humiliating or frightening, or causes pain or discomfort to the child.
- ☐ 110.5(6)c No punishment is administered because of a child's illness, or progress or lack of progress in toilet training.
- ☐ 110.5(6)c No punishment or threat of punishment is associated with food or rest.
- ☐ 110.5(6)d No child is subjected to verbal abuse, threats, or derogatory remarks about the child or the child's family.
- ☐ 110.5(6)e Discipline is designed to help the child develop self-control, self-esteem, and respect for the rights of others.
- ☐ 110.5(7) Meals
- ☐ 110.5(7) Regular meals, midmorning snacks and mid-afternoon snacks are well balanced, nourishing, and appropriate amounts as defined by the USDA Child and Adult Care Food Program.
- ☐ 110.5(7) Children may bring food to the childcare home, but are not required to provide their own food.
- ☐ 110.5(8) Children's Files

The children's files must be **updated annually with the emergency medical authorization completed yearly**. If the parent wants to review, edit and resign and date the intake and emergency medical authorization instead of completing a new form that is ok. I suggest you pick a date, such as the first of the year, beginning of school, your birthday or anniversary, Valentine's Day, ect. On that date I suggest you double check for a current physical form and immunizations (if there were any updates) and have the parents redo or resign the emergency medical and intake information.

- ☐ 110.5(8) An individual file is maintained for each child and **updated annually or when there are changes**. Each file contains:
 - ☐ 110.5(8)a Identifying information including, at a minimum, the child's name, birth date, parent's name, address, telephone number, special needs of the child and the parent's work address and telephone number.
 - ☐ 110.5(8)b Emergency information including where the parent can be reached, the name, street address, city and telephone of the child's regular doctor, and the name number, telephone number, and relationship to the child of another adult available in case of emergency.
 - ☐ 110.5(8)c A signed medical consent from the parent authorizing emergency treatment.
 - ☐ 110.5(8)d For infants and preschoolers: An admission physical examination, on the first day of attendance, including past health history, status of present health, allergies and restrictive conditions, and recommendations for continued care when necessary. The date of the exam is not more than 12 months before the child's first day of attendance.

- ☐ 110.5(8)d For school-aged children: On the first day of attendance, a statement of health status signed by the parent or legal guardian.
- ☐ 110.5(8)e For infants and preschoolers: A statement of health signed by a physician submitted annually.
- ☐ 110.5(8)e For school aged children: An annual statement of health condition signed by the parent or legal guardian, annually from date of admission physical.
- ☐ 110.5(8)f A list signed by the parent which names persons authorized to pick up the child, their telephone number, and relationship to the child.
- ☐ 110.5(8)g A signed and dated immunization certificate provided by the state department of public health.
- ☐ 110.5(8)h For each school-age child, record of a physical exam completed at the time of school enrollment or since.
- ☐ 110.5(8)i Written permission from the parent(s) for their child to attend activities away from the child development home. It must include times of arrival and departure, destination, and person(s) responsible for the child.
- ☐ 110.5(8)j Injury report forms to document injuries requiring first aid or medical care.
- ☐ 110.5(9) The provider meets the following requirements:
 - ☐ 110.5(9)a Gives careful supervision at all times.
 - ☐ 110.5(9)b Frequently exchanges information with the parent of each child to enhance the quality of care.
 - ☐ 110.5(9)c Gives consistent, dependable care.
 - ☐ 110.5(9)c Is capable of handling emergencies.
 - ☐ 110.5(9)d Is present at all times, except if emergencies occur or an absence is planned.
 - ☐ 110.5(9)d If absence is planned, care is provided by a DHS-approved substitute.
 - ☐ 110.5(9)d If absence is planned, the parents are given at least 24 hours prior notice.
- ☐ 110.5(10) Substitutes
 - ☐ 110.5(10)a All standards regarding supervision and care of children apply to substitutes.
 - ☐ 110.5(10)b Except in emergency situations, the provider must inform parents in advance of the planned use of a substitute.
 - ☐ 110.5(10)c The substitute must be 18 years of age or older.

☐ 110.5(10)d Use of a substitute is limited to: No more than 25 hours per month with an additional period of up to two weeks in a 12-month period.

☐ 110.5(10)e The provider maintains a written record of the number of hours substitute care is provided, including the date and the name of the substitute.

☐ 110.8(1) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "A"

☐ 110.8(1)a Not more than six preschool children present at any one time including infants.

☐ 110.8(1)a Of these six children, not more than four children who are 24 months of age or younger are present at any one time.

☐ 110.8(1)a Of the four children under 24 months of age, no more than three may be 18 months of age or younger.

☐ 110.8(1)a Not more than two additional school-age children for less than two hours at any one time.

☐ 110.8(1)a Not more than eight children present when the emergency school closing exception is in effect.

☐ 110.8(2) Provider is at least 18 years old.

☐ 110.8(2) Has three written references which attest to character and ability to provide child care.

☐ 110.9(1) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "B"

☐ 110.9(1)a Not more than six preschool children present at any one time including infants.

☐ 110.9(1)b Of these six children, not more than four children who are 24 months of age or younger are present at any one time.

☐ 110.9(1)b Of the four children under 24 months of age, no more than three may be 18 months of age or younger.

☐ 110.9(1)c Not more than four additional school-age children.

☐ 110.9(1)d Not more than two children who are receiving care on a part-time basis at any one time.

☐ 110.9(1)e Not more than 12 children present when the emergency school closing exception is in effect.

☐ 110.9(1)f When more than 8 children are present for more than two hours, a DHS-approved assistant at least 14 years old is present.

☐ 110.9(2) Provider qualifications

☐ 110.9(2)a The provider is at least 20 years old.

☐ 110.9(2)b Has a high school diploma or GED.

- ☐ 110.9(2)c Meets one of the following:
 - ☐ 110.9(2)a Has two years of experience working directly with children in childcare.
 - ☐ 110.9(2)c Has a child development associate credential or any two-or four-year degree in a child related field and one year of experience as a registered or nonregistered child care provider.
- ☐ 110.9(3) Facility requirements
 - ☐ 110.9(3)a There is a minimum of 35 square feet of child use floor space indoors for each child in care.
 - ☐ 110.9(3)a There is a minimum of 50 square feet outdoors per child in care.
 - ☐ 110.9(3)b There is a separate quiet area for sick children.
 - ☐ 110.9(3)c Minimum of two direct exits to the outside from the main floor.
 - ☐ 110.9(3)c All exits terminate at grade level with permanent steps.
 - ☐ 110.9(3)c If the second story or basement are used for childcare, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.
 - ☐ 110.9(3)c If a basement window is used as an exit, the window is operable from the inside without the use of tools.
 - ☐ 110.9(3)c The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.
 - ☐ 110.9(3)c The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.
 - ☐ 110.9(3)c Childcare is not provided above the second floor.
- ☐ 110.10(1) SPECIFIC REQUIREMENTS FOR CHILD DEVELOPMENT HOME CATEGORY "C"
 - ☐ 110.10(1) a Not more than 12 preschool children present at any one time, including infants.
 - ☐ 110.10(1)b Of these 12 children, not more than four children under the age of 24 months are present at any one time.
 - ☐ 110.10(1)c Not more than two additional school-age children present for less than two hours at any one time.
 - ☐ 110.10(1)d Not more than two additional children who are receiving care on a part-time basis.
 - ☐ 110.10(1)e Not more than sixteen children present when the emergency school closing exception is in effect.

☐ 110.10(1)e If more than 8 children are present at any one time due to an emergency school closing exception, the provider shall be assisted by a DHS-approved assistant who is at least 18 years of age.

☐ 110.10(1)f Both providers are present whenever 4 children under the age of 18 months are in care, and whenever more than 8 children are present.

☐ 110.10(2)(a) One provider who meets the following qualifications must always be present (unless this provider has a substitute):

☐ 110.10(2)a At least 21 years of old.

☐ 110.10(2)b Has a high school diploma or GED.

☐ 110.10(2)c Meets one of the following:

☐ 110.10(2)c Has five years of experience as a registered or nonregistered child care provider.

☐ 110.10(2)c Has child development associate degree or any two-or four-year degree in a child related field and four years of experience as a registered or nonregistered child care provider.

☐ 110.10(2)(b) The co provider shall met the following requirements:

☐ 110.10(2)(b)a The provider is at least 20 years old.

☐ 110.10(2)(b)b Has a high school diploma or GED.

☐ 110.10(2)(b)c Meets one of the following:

☐ 110.10(2)(b)a Has two years of experience as a registered or nonregistered childcare provider.

☐ 110.10(2)(b)c Has a child development associate credential or any two or four-year degree in a child related field and one year of experience as a registered or nonregistered child care provider.

☐ 110.10(3) Facility requirements:

☐ 110.10(3)a There is a minimum of 35 square feet of child use floor space indoors for each child in care.

☐ 110.10(3)a There is a minimum of 50 square feet outdoors for each child in care.

☐ 110.10(3)b There is a separate quiet area for sick children.

☐ 110.10(3)c Has a minimum of two direct exits to the outside from the main floor.

☐ 110.10(3)c All exits terminate at grade level with permanent steps.

☐ 110.10(3)c If the second story or basement are used for childcare, other than the use of a restroom, there is, in addition to one inside stairway, at least one direct exit to the outside.

If a basement window is used as an exit, the window is operable from the inside without the use of tools.

☐ 110.10(3)c The window provides a clear opening of not less than 20 inches in width, 24 inches in height, and 5.7 square feet in area.

☐ 110.10(3)c The bottom of the window opening is not more than 44 inches above the floor with permanent steps inside leading up to the window.

☐ 110.10(3)c Childcare is not provided above the second floor.

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.**

☒ Based on the items out of compliance listed above, you will be required to have a recheck or follow up visit to your home. This visit will occur after the 45 day time period has elapsed.

☒ Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates.

Please **check mark** each of the boxes listed above **when the necessary corrections have been completed**. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

Please complete the top portion of the letter, sign and date below, and return this form in the provided envelope by: **45 days of receipt**

X _____
Signature Date

Please do not hesitate to contact me at DHS at 319 892-6826. if you have any questions regarding this letter.

Sincerely,

Lisa Wesbrook
Social Worker II

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. They have consultants who can assist you in coming into compliance. You can reach Child Care Resource and Referral at 866-324-3236 or go to the following web site: http://www.iowaccrr.org/who_we_are/region_5 and click on current training calendar which you will find in the body in red text.

The CCR&R website has a host of information including a document called Q/A. That document is the clarification of many questions and corresponding answers staff has had on the day care rules. This is a fluid document and new questions and answers are being added. I would suggest you review it at least every 6 months. You can find it on the CCR&R website. The exact address for the question and answer document is:

http://www.iowaccrr.org/resources/files/Consultant/CDH%20Question_Answer.pdf

HACAP also has a training newsletter. To obtain that newsletter you can email them. Send your name, address, phone number, e-mail address, and that you are a registered child development home to Ashley at ameincke@hacap.org. You may also call them: Child Care Programs at 319-739-1556 if you have any questions.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. In addition to the approved 24 hours you will also need valid certificates in CPR, first aid and Mandatory child abuse training at time of renewal. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at <https://ccmis.dhs.state.ia.us/trainingregistry>. This site also has the forms to use to request training approval.

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).

An additional site that you might find helpful is the US Consumer Product Safety Commission recall site. If you go to the site and register your e-mail address the site will automatically send you updates on any products that are on recall. Baby items seem to go on recall often, especially sleeping equipment, pack and plays, car seats and toys. This is a good site to be aware of or to have the automatic updates sent to you. <https://www.cpsc.gov/cpsclist.aspx>

There is a law change I want to make you aware of. There was a rule change effective 6-1-13 You are no longer required to have a land line phone as a registered child development home. If you eliminate your land line phone please e-mail the CCA in Des Moines with a current contact phone number. That e-mail address is: crsacca@dhs.state.ia.us

Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Date: _____ 2/26/14 _____

Attention Parent and/or Guardian of child attending _____
Child Development Home.

The Iowa Department of Human Services requires all childcare providers to maintain an individual file for each child in their care. This file must include the following items:

- 1) Intake information which includes the following: child's name and DOB, parents name, address and phone numbers at home and work; along with documentation of any special needs of child
- 2) Emergency medical authorization signed by the parent,
- 3) Emergency contact information, which includes parents' names and phone numbers, doctors name, address and phone numbers along with name, phone number and relationship of another adult available in case of an emergency
- 4) List completed and signed by the parent on people who can pick up the child including their phone number and relationship to the child
- 5) Immunization certificate
- 6) Yearly statement of health: for school age children it can be signed by the parent. For infants and preschoolers it must be signed by a physician
- 7) A physical:
 - a) For infant and preschoolers: it must be at their initial start of childcare and then annually (the yearly statement of health form above)
 - b) For school age children: it must be, at the minimum, dated at the time of their elementary school enrollment.

If you do not have the above requirements to the Child Development Home the provider has been directed to no longer care for your child until the necessary paperwork has been obtained as they are out of compliance. The provider has given you 30 days to obtain this information. If it is not in their file by the end of the 30 days which is, 4/15/14 they have been directed they should no longer care for your child until it has been obtained. Please feel free to call me if you have questions on this matter.

Lisa Wesbrook (Linn County: last name A-J & Benton and Iowa County) 892-6826 OR
Dale Garlinghouse (Linn County: last names K-Z & Jones County) 892-6803
Day care registration workers